

**COUNTY OF SAN DIEGO
APPLICATION FOR
FISCAL YEAR 2014/15 NEIGHBORHOOD REINVESTMENT PROGRAM GRANT**

CLICK HERE TO READ INSTRUCTIONS FIRST
ALL SECTIONS MUST BE COMPLETED

ELIGIBILITY: Only non-profit or government/public agencies operating in San Diego County may apply.

What is the legal status of your organization?

☐ Non-profit Corporation ☐ Government/Public Agency

☐ Government/Public Agency

Federal Tax Identification Number (TIN or EIN): _____

Organization Name: _____

(Must match name filed under Federal Tax Identification Number)

Street Address: _____
Address _____
City _____ **State** _____ **Zip Code** _____

Mailing Address: ☐ Same as above

Address _____

City _____ **State** _____ **Zip Code** _____

Popular Name or d.b.a.: _____

Supervisory District (by street address where organization is located): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Select only one)

Title of Grant Request: _____

Contact Person (Individual who will sign the grant agreement and be responsible for the expenditure of the funds)

Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Grant Administrator (Individual who will sign the grant agreement and be responsible for the expenditure of the funds)
(This individual must be different from the Contact Person listed above)

Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

Email: _____

**COUNTY OF SAN DIEGO
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ORGANIZATION NAME: _____

TITLE OF GRANT REQUEST: _____

PROJECT LOCATION (see instructions)

Street Address: _____

Community to be Served: _____

For Capital Projects:

Owner of project site: _____

Name of person or entity responsible for project site maintenance (Provide a copy of any maintenance agreements or commitment letters, if applicable.) _____

Purpose of grant: (Describe the purpose for which you are seeking grant funding. If your request consists of multiple components, please describe each item in priority order and indicate the associated amount requested. A higher priority shall be given to requests for capital projects and/or one-time expenses.)

Estimated Total Cost of the project: \$ _____
(Provide verifiable cost estimates with this application)

(Provide verifiable cost estimates with this application)

Total Amount requested from the County (minimum \$3,500): \$ _____

Estimated project completion date: _____

Have you made any expenditures to date for this project that you expect to claim under this grant: ☐ Yes ☐ No

IMPORTANT: This information will be used to determine the effective date of your grant if awarded.

If YES, the date of the first expenditure (Month/Year): _____

If NO, when do you expect to start the project (Month/Year): _____

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ORGANIZATION NAME: _____

TITLE OF GRANT REQUEST: _____

QUESTIONS 1 & 2 WILL BE USED TO HELP EVALUATE YOUR PROPOSAL

1. Describe how the project will benefit the community. Provide an estimate of how many people will be served.

2. What other funding partners/sources do you have for this project?

COUNTY OF SAN DIEGO
FISCAL YEAR 2014/15 NEIGHBORHOOD REINVESTMENT PROGRAM GRANT APPLICATION
SUMMARY OF FINANCIAL INFORMATION

ORGANIZATION NAME: _____
TITLE OF GRANT REQUEST: _____

Financial Solvency:

Please Type Initials

☐ I hereby certify that this organization is currently financially solvent and not at risk for insolvency.

FINANCIAL STATEMENT	PRIOR YEAR ACTUALS	CURRENT YEAR
	July 1, 2013 Through June 30, 2014	July 1, 2014 Through June 30, 2015
Type in Your "Fiscal Year" if different	Through	Through
COUNTY COMMUNITY ENHANCEMENT GRANTS	\$	\$
COUNTY NEIGHBORHOOD REINVESTMENT GRANTS (Formerly Community Projects Grants)	\$	\$
CITY FUNDING City Name _____	\$	\$
OTHER REVENUES (Please Itemize below)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL REVENUES (If more than \$50,000, attach IRS form 990 or 990EZ. If \$50,000 or less, attach IRS form 990-N e-postcard)	\$	\$
TOTAL EXPENDITURES	\$	\$
OPERATING SURPLUS (DEFICIT)	\$	\$

RESOLUTION OF THE BOARD OF DIRECTORS

OF _____

(Organization name)

WHEREAS, the County of San Diego Neighborhood Reinvestment Program provides funding for non-profit corporations for certain specified purposes; and

WHEREAS, the _____
(Organization name)
wants to file an application with County of San Diego for Neighborhood Reinvestment Program funding.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of

(Organization name)

1. Confirms that _____ is a non-profit California corporation or a public agency under the laws of the State of California;
2. Approves the filing of an application with the County of San Diego for Neighborhood Reinvestment Program funding during the County's 2014-2015 fiscal year; and
3. Authorizes the people listed below to sign a grant agreement with the County of San Diego for Neighborhood Reinvestment Program funds for the 2014-2015 fiscal year.

1. Print Name: _____ Signature: _____

Title: _____

2. Print Name: _____ Signature: _____

Title: _____

3. Print Name: _____ Signature: _____

Title: _____

Adopted on this _____ day of _____, _____.

Secretary, Board of Directors